

Local Form 12

September 2021

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

In re:	)	Chapter 7
	)	Case No. 20-30141
JTR1, LLC,)	
)	
Debtor.)	
)	
A. BURTON SHUFORD, TRUSTEE OF)	
THE BANKRUPTCY ESTATE OF	)	Adversary Proceeding
JTR1, LLC f/d/b/a JTR, LLC,	)	No. 22-03007
)	
Plaintiff,)	
)	
v.)	
)	
JMC FINANCIAL HOLDINGS, LLC,)	
)	
Defendant.)	
)	
A. BURTON SHUFORD, TRUSTEE,	)	Adversary Proceeding
	)	No. 22-03017
v.)	
)	
TMC FINANCIAL, LLC,)	
)	
Defendant.)	
)	
A. BURTON SHUFORD, TRUSTEE,	)	Adversary Proceeding
	)	No. 22-03018
Plaintiff,)	
)	
v.)	
)	
BJS INSURANCE, LLC et. al.,)	
)	
Defendants.)	
)	
A. BURTON SHUFORD, TRUSTEE,	)	Adversary Proceeding
	)	No. 22-03004
Plaintiff,)	

v.)	
)	
RICHARD KEARNS and YSBELL)	
KEARNS,)	
)	
Defendants.)	
_____)	
A. BURTON SHUFORD, TRUSTEE,	)	Adversary Proceeding
	)	No. 22-03008
Plaintiff,)	
)	
v.)	
)	
MARK MULLADY,)	
)	
Defendant.)	
_____)	

NOTICE OF CASE-SPECIFIC NAME AND/OR ADDRESS CHANGE*

☐ Filed by the Debtor(s)
☒ Filed by a creditor
☐ Filed by another party in interest

Pension Benefit Guaranty Corporation files this notice of name and/or mailing address change to be used to provide notice and/or to deliver payments in this case. Pursuant to 11 U.S.C. § 342(e)(2), any notice in this case required to be provided to a creditor by the Debtor or the court will not be provided in care of the new name and/or mailing address designated below until after 7 days following the filing of this notice with the court.

Current address to be changed (if applicable):

Name: Pension Benefit Guaranty Corporation

Address 1: 1200 K Street, NW

Address 2: _____

Address 3: _____

Address 4: _____

City, State, Zip: Washington, DC 20005-4026

* This form cannot be used to file a formal notice of transfer of claim pursuant to Federal Rule of Bankruptcy Procedure 3001(e).

New name and/or mailing address below: ☐ for payment purposes only
☐ for notice purposes only
☒ for both payment and notice purposes

Name: Pension Benefit Guaranty Corporation

Address 1: 445 12th Street, SW

Address 2: _____

Address 3: _____

Address 4: _____

City, State, Zip: Washington, DC 20024-2101

Under penalty of perjury, I, the undersigned, affirm that I am authorized to request this address change.

Name and position: Joel W. Ruderman, Attorney (DC 479385)
(Print or Type)

Signature: /s/ Joel W. Ruderman

Date: October 21, 2022